Division of Health Care Financing HCF 16007 (Rev. 01/04)

QUEST CARD AND PIN RESPONSIBILITY STATEMENT

•	ecking the boxes below I certify that, based on the to Stamp QUEST card and Personal Identification Num	•
	I am responsible for safeguarding my QUEST card and PIN.	
	If my food stamp account is accessed by me, an Authorized Buyer, or any other person to whom I voluntarily gave my QUEST card and PIN, the transaction is considered authorized and the benefits will not be replaced.	
	I must report a lost or stolen card immediately to the toll free Customer Service Hotline at 1-800-415-5164 (TTY: 1-800-947-3529).	
	I know that if my card is lost or stolen, my food stamp benefits will not be replaced for the time period between the loss or theft of my QUEST card and the time I report the loss or theft to the Customer Service Hotline.	
	I may be disqualified and/or risk loss of food stamp benefits from the Food Stamp Program, monetary fines and/or imprisonment for fraudulent or illegal use of my QUEST card.	
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(M)].		
Case Name		Cardholder Social Security Number
SIGNATURE - Cardholder		Date Signed